

# NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

## APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy or  Ownership Change (Provide current license number if making changes: PH \_\_\_\_\_)  
 Check box below for type of ownership and complete all required forms.  
 Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,X       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AIDS Healthcare Foundation dba AHF Pharmacy

Physical Address: 19300 S. Hamilton Ave., Suite 170/180, Gardena, CA 90248-4400

Mailing Address: 6255 W. Sunset Blvd., Floor 21

City: Los Angeles State: CA Zip Code: 90028

Telephone: 310-464-8241 Fax: 310-771-0621

Toll Free Number: 866-819-5001 (Required per NAC 639.708)

E-mail: Megan.Southwell@aidshealth.org Website: aidshealth.org

Managing Pharmacist: Tatyana Bukrinsky License Number: 61263

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked  
For the application to be complete

**\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

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B

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 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sorkin's Rx LTD d/b/a CareMed Pharmaceutical Services

Physical Address: 1981 Marcus Avenue STE 225 Lake Success, NY 11042-2060

Mailing Address: 1981 Marcus Avenue STE 225

City: Lake Success State: NY Zip Code: 11042-2060

Telephone: 877-227-3405 Fax: 877-542-2731

Toll Free Number: 877-227-3405 (Required per NAC 639.708)

E-mail: compliance@pharmerica.com Website: www.caremedsp.com

Managing Pharmacist: Bincy Varghese License Number: 050660

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>specialty</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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 For the application to be complete

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C

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 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Integra Rx

Physical Address: 2661 W Atlantic Blvd

Mailing Address: 2661 W Atlantic Blvd

City: Pompano Beach State: FL Zip Code: 33069

Telephone: 954-917-6813 Fax: 954-917-6814

Toll Free Number: 844-891-0434 (Required per NAC 639.708)

E-mail: qualityassurance@integra-rx.com Website: N/A

Managing Pharmacist: Harry Zifferblatt License Number: PS21141

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
All boxes must be checked		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
For the application to be complete		<input type="checkbox"/> <input type="checkbox"/> Other Services: _____

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**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440  
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New Pharmacy  Ownership Change  
 (Please provide current license number if making changes: PH \_\_\_\_\_)  
 Publicly Traded Corporation - Pages 1,2,3,7  Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation - Pages 1,2,4,7  Sole Owner - Pages 1,2,6,7  
 Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION to be completed by all types of ownership**

Pharmacy Name: Point Rx  
 Physical Address: 139 W. Richmond Ave. Ste. B  
 Mailing Address: 139 W. Richmond Ave. Ste B  
 City: Point Richmond State: California Zip Code: 94801  
 Telephone: 510-232-7879 Fax: 844-929-9868  
 Toll Free Number: 844-300-3244 (Required per NAC 639.708)  
 E-mail: Management@p-squares.com Website: Pointpharm.com  
 Managing Pharmacist: Fady Heikal License Number: 72262

**TYPE OF PHARMACY AND SERVICES PROVIDED**

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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New Pharmacy or  **Ownership Change** (Provide current license number if making changes: **PH 02277**)  
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Prescriptions Plus, Inc.

Physical Address: 3361 Fairlane Farms Rd.

Mailing Address: 3361 Fairlane Farms Rd.

City: Wellington State: FL Zip Code: 33414

Telephone: (561) 795-1636 Fax: (561) 472-7957

Toll Free Number: (888) 507-5539 (Required per NAC 639.708)

E-mail: compliance@prescriptionsplus.com Website: www.prescriptionsplus.com

Managing Pharmacist: Jennifer Gibson License Number: PS 43336

### TYPE OF PHARMACY

AND

### SERVICES PROVIDED

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input type="checkbox"/>	<input checked="" type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

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F

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Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Recept Pharmacy #101

Physical Address: 4011 Crescent Park Dr., Riverview, FL 33578

Mailing Address: 1620 W. Northwest Hwy, Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 813-330-2329 Fax: 813-330-2330

Toll Free Number: 888-664-6746 (Required per NAC 639.708)

E-mail: tammie@receptrx.com Website: receptrx.com

Managing Pharmacist: Steven bale License Number: PS17508

### TYPE OF PHARMACY AND

### SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: \_\_\_\_\_

Yes/No

- Off-site Cognitive Services
- Parenteral \*\*
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding \*\*
- Non Sterile Compounding
- Mail Service Sterile Compounding \*\*
- Other Services: \_\_\_\_\_

All boxes must be checked  
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# NEVADA STATE BOARD OF PHARMACY

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Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7       Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: <sup>DBA</sup> Pharma Buddies Corp Rosemont Specialty Pharmacy

Physical Address: 5860 N. Orange Blossom Trail

Mailing Address: 5860 N. Orange Blossom Trail

City: Orlando State: FL Zip Code: 32810

Telephone: 407-822-1121 Fax: 407-822-1921

Toll Free Number: 877-592-7988 (Required per NAC 639.708)

E-mail: phbuddies@gmail.com Website: rosemontspecialtyrx.com

Managing Pharmacist: Sowjanya Shakmorri License Number: PS49557

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Mail Order

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral \*\*
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding \*\*
- Non Sterile Compounding
- Mail Service Sterile Compounding \*\*
- Other Services: \_\_\_\_\_

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95777

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[X] New Pharmacy or [ ] Ownership Change (Provide current license number if making changes: PH \_\_\_ Check box below for type of ownership and complete all required forms.

[ ] Publicly Traded Corporation – Pages 1,2,3,7

[X] Partnership - Pages 1,2,5,7

[ ] Non Publicly Traded Corporation – Pages 1,2,4,7

[ ] Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Schraft's 2.0

Physical Address: 3 Wing Drive Suite 102

Mailing Address: Same As Above

City: Cedar Knolls State: NJ Zip Code: 07927

Telephone: 855-724-7238 Fax: 844-876-4545

Toll Free Number: 855-724-7238 (Required per NAC 639.708)

E-mail: adam@schrafts2.com Website: www.schrafts2.com

Managing Pharmacist: Victoria Khavulya License Number: 28RI02865100

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- [X] [ ] Retail
[ ] [X] Hospital (# beds \_\_\_)
[ ] [X] Internet
[ ] [X] Nuclear
[ ] [X] Ambulatory Surgery Center
[X] [ ] Community
[ ] [X] Other: \_\_\_\_\_

Yes/No

- [ ] [X] Off-site Cognitive Services
[ ] [X] Parenteral \*\*
[ ] [X] Parenteral (outpatient)
[ ] [X] Outpatient/Discharge
[X] [ ] Mail Service
[ ] [X] Long Term Care
[ ] [X] Sterile Compounding \*\*
[ ] [X] Non Sterile Compounding
[ ] [X] Mail Service Sterile Compounding \*\*
[ ] [X] Other Services: \_\_\_\_\_

All boxes must be checked

For the application to be complete

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96146



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Publicly Traded Corporation – Pages 1,2,3,7       Partnership – Pages 1,2,5,7  
 Non Publicly Traded Corporation – Pages 1,2,4,7       Sole Owner – Pages 1,2,6,7

### GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SMA PHARMACY #10.

Physical Address: 1110 E PLEASANT RUN RD, DESOTO TX 75115

Mailing Address: 1110 E PLEASANT RUN RD. DESOTO, TX 75115

City: DESOTO State: TX Zip Code: 75115

Telephone: 877-752-7279 Fax: 972-274-0521

Toll Free Number: 877-752-7279 (Required per NAC 639.708)

E-mail: SYED@Qmed-solutions.com Website: N/A

Managing Pharmacist: SYED SALEEM License Number: TX-44137

### TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

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For the application to be complete

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Application details box containing ownership type options (New Pharmacy, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner) and a note to provide current license number if making changes.

GENERAL INFORMATION to be completed by all types of ownership

General information fields including Pharmacy Name (Southside Pharmacy 3), Physical Address (7700 Main Street, Suite 260 Houston TX 77030), Mailing Address, City (Houston), State (TX), Zip Code (77030), Telephone (8325531374), Fax (7136614828), Toll Free Number (1-888-660-6337), E-mail (ROMIL@SSRX.COM), Website (WWW.SSRX.COM), and Managing Pharmacist (ROMIL PATEL, License Number 52072).

TYPE OF PHARMACY AND SERVICES PROVIDED

Checklist for pharmacy types and services. Pharmacy types include Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, and Other. Services include Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, and Other Services.

\*\*If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

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